

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RIGHT WOMEN PAC

ADDRESS (number and street)

499 SOUTH CAPITOL STREET SW

#405



Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00718841

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

DC

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

RIGHT WOMEN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		15		2020

To:

M M	/	D D	/	Y Y Y Y Y
11		23		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">81093.54</td></tr></table>	81093.54				
Y	Y	Y	Y	Y													
2020																	
81093.54																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">72623.12</td></tr></table>	72623.12															
72623.12																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">135181.78</td></tr></table>	135181.78					<table><tr><td colspan="5">844272.79</td></tr></table>	844272.79									
135181.78																	
844272.79																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">207804.90</td></tr></table>	207804.90					<table><tr><td colspan="5">925366.33</td></tr></table>	925366.33									
207804.90																	
925366.33																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">145583.17</td></tr></table>	145583.17					<table><tr><td colspan="5">863144.60</td></tr></table>	863144.60									
145583.17																	
863144.60																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">62221.73</td></tr></table>	62221.73					<table><tr><td colspan="5">62221.73</td></tr></table>	62221.73									
62221.73																	
62221.73																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**RIGHT WOMEN PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	2	0

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	131355.78	737042.00
(ii) Unitemized .....	0.00	3879.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	131355.78	740921.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3826.00	103326.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	135181.78	844247.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	25.79
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	135181.78	844272.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	135181.78	844272.79

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	47621.12	187059.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	47621.12	187059.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	97962.05	676085.07
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	145583.17	863144.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145583.17	863144.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	135181.78	844247.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	135181.78	844247.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	47621.12	187059.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	25.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47621.12	187033.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Antone-Hatfield, Mary Jo, , ,**

Mailing Address 7 Riverway  
1605

City  
Houston

State  
TX

Zip Code  
77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2020

Transaction ID : SA11AI.5416

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Childs, John, , ,**

Mailing Address 165 Sago Palm Road  
Suite 701

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

J.W. Childs Associates

Occupation (for Individual)

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeBakey, Susan, , ,**

Mailing Address 90 Pipers Walk

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : SA11AI.5376

Amount of Each Receipt this Period

2020.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

29520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DeGroot, Doug, , ,**

Mailing Address 2660 Townsgate Road; Ste 450

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

De Groote Financial Group, LLC

Occupation (for Individual)

Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunn, Timothy, , ,**

Mailing Address PO Box 52268

City

Midland

State

TX

Zip Code

79710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ebrahimi, Suzanne, , ,**

Mailing Address 9801 Westheimer Road  
Suite 250

City

Houston

State

TX

Zip Code

77042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2020

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

2020.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

24020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fedail, Maureen, , ,**

Mailing Address 4408 W Woodland Avenue

City  
Burbank

State  
CA

Zip Code  
91505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : SA11AI.5333**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fedail, Maureen, , ,**

Mailing Address 4408 W Woodland Avenue

City  
Burbank

State  
CA

Zip Code  
91505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Homemaker

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2020

**Transaction ID : SA11AI.5418**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. George, Jenny, , ,**

Mailing Address 5402 Pine Street

City  
Bellaire

State  
TX

Zip Code  
77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2020

**Transaction ID : SA11AI.5339**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hale, Billy, , ,**

Mailing Address 2606 Encino Lane

City  
Sugar Land

State  
TX

Zip Code  
77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rube Holdings, Ltd.

Occupation (for Individual)  
Investment Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2020

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hudson, Arthur, , ,**

Mailing Address 9155 Sloane Street

City  
Orlando

State  
FL

Zip Code  
32827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hudson, Arthur, , ,**

Mailing Address 9155 Sloane Street

City  
Orlando

State  
FL

Zip Code  
32827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LaManna, Kimberly, , ,**

Mailing Address 2029 Connecticut Avenue Northwest

City  
Washington

State  
DC

Zip Code  
20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Marling, Robert, , ,**

Mailing Address 301 Relentless Drive

City  
Montgomery

State  
TX

Zip Code  
77316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WFG

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : SA11AI.5347

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McNabb, John, , ,**

Mailing Address 17 Eastwood Road

City  
Asheville

State  
NC

Zip Code  
28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : SA11AI.5334

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

31000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moffat, Abby, , ,**

Mailing Address 3 Bethesda Metro Center

City  
Bethesda

State  
MD

Zip Code  
20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moffat, Abby, , ,**

Mailing Address 3 Bethesda Metro Center

City  
Bethesda

State  
MD

Zip Code  
20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Muawwad, Marsha, , ,**

Mailing Address 3062 University Terrace nw

City  
Washington

State  
DC

Zip Code  
20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Execunet

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramsey, Jamie, , ,**

Mailing Address 126 Homestead Trace

City  
Brevard

State  
NC

Zip Code  
28712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MMA

Occupation (for Individual)

OBYGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : SA11AI.5404**

Amount of Each Receipt this Period

2020.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sophiea, Mary, , ,**

Mailing Address 710 Los Altos Avenue

City

Long Beach

State

CA

Zip Code

90804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baja Senjora

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2020

**Transaction ID : SA11AI.5353**

Amount of Each Receipt this Period

2020.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spencer, Diana, , ,**

Mailing Address 2029 Connecticut Ave., NW

Apt. 2

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Diana Davis Spencer Foundation

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : SA11AI.5383**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5040.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stewart Builders, Inc.**

Mailing Address 16575 Village Drive

City  
Houston

State  
TX

Zip Code  
77040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wacker, Angelle, , ,**

Mailing Address 1650 Veteran Avenue  
Apt 203

City  
Los Angeles

State  
CA

Zip Code  
90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAI CAPITAL INC.

Occupation (for Individual)  
COMMERCIAL REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8172.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period

3775.78

☐ Memo Item

In-kind - Travel, Food and Beverage

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28775.78

131355.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 26  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LUMMIS FOR WYOMING INC.**

Mailing Address 111 S DURBIN ST  
STE 300

City  
CASPER

State  
WY

Zip Code  
82601

FEC ID number of contributing  
federal political committee.

**C**

C00443580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3826.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : SA11C.5373**

Amount of Each Receipt this Period

3826.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

3826.00

**TOTAL** This Period (last page this line number only)..... ▶

3826.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. 9SEVEN CONSULTING**Mailing Address 499 SOUTH CAPITOL STREET SW  
#405City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Compliance Consulting

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5415**

Amount of Each Disbursement this Period

1662.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5349**

Amount of Each Disbursement this Period

120.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5414**

Amount of Each Disbursement this Period

1161.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2945.22

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2020

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5412**

Amount of Each Disbursement this Period

1523.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2020

Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5413**

Amount of Each Disbursement this Period

162.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bold Colors Group LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2020

Mailing Address 6965 El Camino Real Ste 105-612

City  
CarlsbadState  
CAZip Code  
92009Purpose of Disbursement  
Fundraising Consulting

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5411**

Amount of Each Disbursement this Period

36258.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

37944.40

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5335**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	2			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5372**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVENUE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5408**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

60.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94035Purpose of Disbursement  
Emails

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5409**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUNDBORG DESIGN GROUP**

Mailing Address 1492 18TH AVENUE NW

City  
NEW BRIGHTONState  
MNZip Code  
55112Purpose of Disbursement  
Design

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5388**

Amount of Each Disbursement this Period

562.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NAME.COM**

Mailing Address 414 14th Street #200

City  
DenverState  
COZip Code  
80202Purpose of Disbursement  
Website

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5350**

Amount of Each Disbursement this Period

38.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

661.47

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Navy Mess Gift Shop**

Mailing Address 1600 Pennsylvania Ave

City  
WashingtonState  
DCZip Code  
20500Purpose of Disbursement  
Food and Beverage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5336**

Amount of Each Disbursement this Period

114.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Navy Mess Gift Shop**

Mailing Address 1600 Pennsylvania Ave

City  
WashingtonState  
DCZip Code  
20500Purpose of Disbursement  
Food and Beverage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5378**

Amount of Each Disbursement this Period

1611.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TOWER DIGITAL, INC.**Mailing Address 400 WEST PEACHTREE STREET NW  
SUITE 4-550City  
ATLANTAState  
GAZip Code  
30308Purpose of Disbursement  
Website

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5410**

Amount of Each Disbursement this Period

49.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1774.95

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 Market Street Suite 400

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5422**

Amount of Each Disbursement this Period

17.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address 55 Glenlake Parkway

City  
AtlantaState  
GAZip Code  
30328Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5351**

Amount of Each Disbursement this Period

269.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UPS**

Mailing Address 55 Glenlake Parkway

City  
AtlantaState  
GAZip Code  
30328Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.5355**

Amount of Each Disbursement this Period

172.71

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

459.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Wacker, Angelle, , ,**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		29		2020

Mailing Address 1650 Veteran Avenue  
Apt 203City  
Los AngelesState  
CAZip Code  
90024Purpose of Disbursement  
In-kind - Travel, Food and Beverage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5387**

Amount of Each Disbursement this Period

3775.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3775.78

47621.12

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 26  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020	
Mailing Address <b>PO Box 207</b>				Amount <span style="border: 1px solid black; padding: 2px;">20923.39</span>	
City Dublin		State OH	Zip Code 43017	Transaction ID : <b>SE.5328</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020	
Purpose of Expenditure Digital Ads			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BOEBERT, LAUREN, , ,				<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56136.03</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020	
Mailing Address <b>PO Box 207</b>				Amount <span style="border: 1px solid black; padding: 2px;">9076.64</span>	
City Dublin		State OH	Zip Code 43017	Transaction ID : <b>SE.5329</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 16 / 2020	
Purpose of Expenditure Media Placement			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BOEBERT, LAUREN, , ,				<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">65212.67</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">30000.03</span>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL</b> Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>DATWYLER, THOMAS, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2020	
<i>[Electronically Filed]</i>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 26  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00718841       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5222.84</div> <b>Transaction ID : SE.5360</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>		
Purpose of Expenditure <b>Digital Ads</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>BOEBERT, LAUREN, , ,</b> <div style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose       </div>			Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">70435.51</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4777.16</div> <b>Transaction ID : SE.5361</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>		
Purpose of Expenditure <b>Media Placement</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <b>BOEBERT, LAUREN, , ,</b> <div style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose       </div>			Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">75212.67</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 24 OF 26  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020	
Mailing Address <b>PO Box 207</b>				Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>	
City Dublin		State OH	Zip Code 43017	Transaction ID : <b>SE.5362</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020	
Purpose of Expenditure Media Placement			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: PAULINA LUNA, ANNA, , ,				<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>13</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">100000.00</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020	
Mailing Address <b>PO Box 207</b>				Amount <span style="border: 1px solid black; padding: 2px;">25000.00</span>	
City Dublin		State OH	Zip Code 43017	Transaction ID : <b>SE.5363</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2020	
Purpose of Expenditure Digital Ads			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: HAGAN, CHRISTINA, , ,				<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>13</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99861.46</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<span style="border: 1px solid black; padding: 2px;">35000.00</span>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<span style="border: 1px solid black; padding: 2px;"></span>	
<b>(c) TOTAL Independent Expenditures .....</b>				<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>DATWYLER, THOMAS, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2020	
<i>[Electronically Filed]</i>					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 25 OF 26  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00718841</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 02 / 2020</span> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">8209.70</span> </div> <b>Transaction ID : SE.5393</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 31 / 2020</span> </div>	
City Dublin	State OH	Zip Code 43017		
Purpose of Expenditure Digital Ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BOEBERT, LAUREN, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Ring Limited</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>11 / 02 / 2020</span> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">5565.88</span> </div> <b>Transaction ID : SE.5394</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>10 / 31 / 2020</span> </div>	
City Dublin	State OH	Zip Code 43017		
Purpose of Expenditure Digital Ads		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: HAGAN, CHRISTINA, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">13775.58</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

11 / 25 / 2020

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 26 OF 26  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00718841       </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Ring Limited</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>PO Box 207</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9186.44         </div>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>			
Purpose of Expenditure <b>Digital Ads and Data</b>		Category/ Type	Transaction ID : <b>SE.5395</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>PAULINA LUNA, ANNA, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         109186.44       </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9186.44         </div>		
City	State	Zip Code			
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         9186.44       </div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	9186.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures .....	▶	9186.44

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature